

INS. CASE OWNER:

ASSIGNMENT

Surveyor: MARCUS DOI: 07/10/2021 Date / Time : 07/10/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 4589L Claim No. : SNM21D205731/C02/YP4589L/TOHHS
Name of Insured : _____ Policy No. : DMCVSNW00121522102
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 07/10/2021 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJY 7576J



INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: <u>CKS</u>	
Repair Cost:	<u>L/S</u> S\$ <u>5,400.00</u> (<u>4</u> days) Reduction: <u>67</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>19.04.22</u> Confirm with <u>JASON</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>w/GST</u> S\$ <u>5,778.00</u>	<u>OID EXIT PARKING LOT HIT TP PARKED VEH</u>	
Loss of Rental (LOR):	S\$ <u>320.00</u> (<u>4</u> days) x \$80		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ <u>2.00</u>		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ -	3) Survey fee: <u>\$400</u>	
Total:	S\$ <u>6,100.00</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>19.04.22</u> Confirm with: <u>JASON</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>6,100.00</u> Name 1: <u>FASTECH AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		